

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18845

State File No.

FILED JUL 1 - 1955

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2602

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas City</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>about 40 yrs</u>		c. CITY OR TOWN <u>Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				STREET ADDRESS (If rural, give location) <u>325 PARK AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonardo</u> b. (Middle) <u>Mistretta</u> c. (Last) <u>Mistretta</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6/16/55</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>12/17/1892</u>	
9. AGE (In years last birthday) <u>62</u>		10. AGE (In years last birthday) <u>62</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCCER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>			
13a. FATHER'S NAME <u>MARIANO MISTRETTA</u>				13b. MOTHER'S MAIDEN NAME <u>ANNA LEONA</u>			
14. NAME OF HUSBAND OR WIFE <u>ROSE MISTRETTA</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>487-10-3827</u>				17. INFORMANT'S SIGNATURE OR NAME <u>ROSE MISTRETTA</u> ADDRESS <u>325 PARK</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mel.</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>1 November 1947</u> to <u>16 June, 1955</u> , that I last saw the deceased alive on <u>16 June, 1955</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Blaine Z. Hibbard</u> (Degree or title) _____				23b. ADDRESS <u>411 Nichols Rd KCMO</u>			
23c. DATE SIGNED <u>16 June 55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>6-20-55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEM</u>			
24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> ADDRESS <u>K.C. MO.</u>			
DATE REC'D BY LOCAL REG. <u>June 8-55</u>				REGISTRAR'S SIGNATURE <u>new minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ernest D. Colson.....

Licensed Embalmer No. 42

P. O. Address K. C. Va.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.